STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005722	A. BUILDING: _____ B. WING _____	C 08/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTH AT STONES CROSSING LLC THE	2339 S STATE ROAD 135 GREENWOOD, IN 46143

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00206540. Complaint IN00206540 - Unsubstantiated due to lack of evidence. Survey date: August 26, 2016 Facility number: 005722 Provider number: 005722 AIM number: N/A Census bed type: Residential: 102 Total: 102 Sample: 04 Hearth At Stones Crossing LLC was found to be in compliance with 410 IAC 16.2 - 5 in regards to the Investigation of Complaint IN00206540. QR was completed by 99993 on 08/29/16.	R 000		